THE RECOVERY KERNEL

HOW TO START A KERNEL GROUP

Everything You Need. In the Right Order. From Zero.

You do not need a clinical credential to start a Kernel group. You need: familiarity with this guide, the Meeting Format script, and the judgment to recognize when something needs to stop. The Kernel was built by someone in recovery, for people in recovery. That lived knowledge is not a conflict of interest. It is part of what makes this work.

What you are doing is creating the conditions in which people can experience something that moves them. That is a different job from fixing people — and it is available to anyone who understands the difference.

SECTION 1 — Before You Begin

Ask yourself three questions before you send a single message or book a single room:

1. Why am I doing this?

The right answers: because I went through this and want to offer what helped me, because I see a gap in what's available, because I believe people deserve a biology-first framework, because this community doesn't have anything like this. The wrong answer: to fix someone specific. Running a group to fix your family member, your partner, or your friend will produce the worst outcomes for everyone, including them.

2. Am I stable enough to hold the container?

The facilitator does not need to be years into recovery. But you need to be stable enough that when something hard happens in the room — and it will — you can stay present, not dysregulate. If you're in early, fragile recovery yourself, wait until you have at least 3–6 months of reasonable stability before taking on the facilitator role.

3. Do I have at least one other person?

A group of one is not a group. Before you schedule anything, confirm at least two to three other people who are interested and available. Starting with a group of three to six is ideal. Quality of presence matters more than headcount.

SECTION 2 — What You Need

2A — MATERIALS (ALL FREE)

☐ Recovery Kernel Main Book — full science and protocols. Download free: archive.org/details/the-recovery-kernel (PDF, ePub, Kindle) or github.com/JRToken-NGI/recovery-kernel

☐ YouTube audio reading — free, searchable, no account required: search 'Recovery Kernel' on YouTube. Listen before the first meeting.

☐ Meeting Format Script — the complete facilitator script. In the repository under /meetings/

☐ Facilitator Quick-Start Guide — what each file is and when to use it

☐ Participant Intake Form — fill out before Session 1 or at Session 1

☐ Type Card — one per participant, printed or screen-shared

☐ Introduction Ritual — read before Session 1

☐ Activity Library — 50 activities; choose one per meeting

☐ Terms Guide — for anyone who wants plain-English definitions

☐ Bartender's Friend — if your meeting is near a bar or at an event venue

2B — FOR THE FACILITATOR ONLY (READ BEFORE SESSION 1)

☐ Psychodrama Module — read in full before Session 3 or 4; do not use before trust is established
☐ Playwright Scripts — seven complete plays for the Creative Session
☐ Grounding Guide — know these techniques before the first meeting
☐ Conflict Guide — read before the first meeting. Conflict will come.
☐ Boundary Guide — your reference when someone pushes the edges of the container
☐ Healthcare Provider Brief — keep one copy; give to any participant who wants to share it with their doctor

2C — PHYSICAL SUPPLIES

Item	Purpose	Notes
Water (enough for everyone)	The opening ritual requires water. Every participant. Every meeting.	Tap is fine. Bottles if needed.
Printed Type Cards	One per participant. They keep it.	Or screen-share if digital.
Printed Intake Forms	One per new participant	Print or share as PDF
Printed Meeting Format Script	Facilitator only — your script	Keep it marked and tabbed
Chairs arranged in a circle	The physical environment signals equality	No rows. No stage. No front.
Optional: whiteboard or large paper	For visual exercises in some protocols	Not required Session 1
Optional: baby powder (for Psychodrama Module 1)	The object ritual — see Psychodrama Module	Only once trust is built — not Session 1
Emergency numbers visible	988 and 911 posted or stated at opening	Non-negotiable

SECTION 3 — Finding Your Participants

You are looking for people who have tried standard recovery approaches and found them insufficient. People who are skeptical of religious framing, who have a biology-curious mind, or who have been through enough failed treatment that they are willing to try a different framework.

Where to find them:

Where	How	What to Say
Existing recovery communities	Post a note / talk to people after meetings	'I'm starting a group for people who've tried AA and found something was missing.'
Harm reduction organizations	Partner with local needle exchanges, naloxone distributors, outreach workers	'We're biology-first and non-judgmental. Currently using is welcome.'
Social media (Reddit, Facebook groups, Discord)	Post in r/addiction, r/recoverywithoutAA, local recovery groups	Link to the GitHub or archive.org. Let the materials speak.
Hospitals and treatment centers	Leave Facilitator Guides and Intake Forms in waiting rooms	Ask discharge coordinators if they'll distribute
Prison libraries and institutions	Contact the library coordinator — materials are CC0 (public domain)	The Compendium was specifically designed for this context
LGBTQ+ centers and community organizations	Kernel's structure is specifically suited for communities with elevated minority stress load	The biology explains the higher prevalence — no shame framing needed
Healthcare providers	Give providers the Healthcare Provider Brief — ask them to refer appropriate patients	One prescriber referral can fill a group

SECTION 4 — Choosing a Venue

The room is not neutral. The environment sets the neurochemical tone for the meeting before anyone says a word. Here's what to optimize for:

Accessible by public transit

Many participants may not have cars. If they have to drive 45 minutes, attendance will drop after Session 3.

Chairs that can form a circle

No auditorium seating. No fixed rows. The circle is the format. If the room doesn't allow a circle, find a different room.

Space for movement

The Activity Library requires the ability to move. A tiny room without clear floor space limits what you can run.

Low sensory stimulation

Overhead fluorescent buzz, loud air systems, and distracting environments raise the activation floor for Worrier profiles. Natural light and manageable acoustics matter.

Private enough for honesty

If people can be overheard from the hallway, they won't share honestly. Closeable door. Not a corner of a coffee shop.

Available consistently

Session continuity builds trust. A room you can hold every week at the same time is worth more than a nicer room you can only access sporadically.

Venue options to consider:

Venue Type	Best For	Notes
Community center meeting rooms	General community groups; stable, recurring access	Often free or very low cost for registered community orgs
Public library meeting rooms	Smaller groups (3–10); excellent for prison re-entry participants	Free; accessible; low stigma location
Church or faith community space	Important: frame as secular from the first outreach. Some communities will offer space even for non-religious groups.	May come with conditions — review any requirements carefully
LGBTQ+ community center	LGBTQ+ specific groups; minority stress context already understood	Often have facilitator support and referral network built in
Treatment center conference room	Clinical setting with built-in referral pipeline; participants are already identified	Requires relationship with treatment staff
Online (Zoom, Google Meet)	Low access barriers; works for rural participants or people with mobility limitations	Psychodrama and movement activities don't translate well online — adapt accordingly
Prison / correctional facility library	Specifically designed for in the Compendium; highest-need population	Requires institutional approval; start with the library coordinator

SECTION 5 — The Group Charter

Read this aloud at the first session and post it where it can be seen. It is the container. The container makes everything else possible.

THE RECOVERY KERNEL — GROUP CHARTER

Read at opening of every group's first session

This is a Kernel group.

We are here because the standard answers didn't work — not because we didn't try hard enough, but because we were running on the wrong manual.

This is not a 12-step program. We don't ask you to surrender. We ask you to understand.

We are biology-first. What drove you to the substance was likely not weakness. It was your specific brain architecture looking for the only solution it could find. We are going to look at that architecture, name it, and build something better.

You do not have to be sober to be here. You do not have to be a certain number of days clean. You have to be willing to try to understand why.

What is said here stays here. What is felt here is yours to take with you.

You will not be diagnosed, judged, shamed, or pressured. You will be asked to be honest — with the group and with yourself. Honesty is the only requirement.

The facilitator is not your therapist, your sponsor, or your authority. They are the person holding the container. You are the ones doing the work.

We will meet at [day and time]. We will use [venue name]. We will close at [end time]. Time is respected here because everyone's time matters.

If you are in a medical emergency: call 911. If you are in a mental health crisis: call or text 988. The facilitator is trained to connect you to those resources. They are not a substitute for them.

We begin.

SECTION 6 — Your First Six Sessions — What to Run

#	Core Focus	Materials	Notes
1	Intake + Opening	Meeting Format Script, Intake Form, Type Card, Introduction Ritual	Read the Charter. Run the Introduction Ritual. Complete Intake Forms. Short Activity (Jumping Jacks Countdown or similar). No deep content yet — establish safety first.
2	Architecture — Who Are You Biologically?	Protocol 06 (COMT + MTHFR self-assessment)	Introduce Warrior/Worrier framework. Walk through COMT assessment together. This is the first protocol session. Begin gentle brain-typing.
3	The Supply System	Protocol 07 (Pathway formation) + Chapter 2 reference	Introduce MTHFR and methylation in plain language. Use the Terms Guide. No biochemistry lecture — tell the story. Activity: Grounding practice.
4	The Braking System (if relevant to	Chapter 10 reference + GABRA2 self-assessment	Run GABRA2 self-assessment ONLY after trust is established. Have crisis numbers visible and stated. This session

	your group)		may trigger strong responses.
5	First Creative Session	Creative Session guide — run all 8 blocks	Monthly milestone. Allow the full 120 minutes. This produces the first shared group artifact. It changes the room.
6	Protocol Review + Peer Pairing	Progress Tracker, Protocol 06, peer support structure	First look at tracker data. Introduce the peer pairing concept — experienced participants paired with newer ones for between-session contact.

SECTION 7 — Handling the Hard Things

Situation	What to Do	What Not to Do
Someone shares they used this week	Acknowledge without judgment. 'Thank you for being honest. Let's look at what triggered it.' Use it as data.	Say 'you broke your streak' or count days. There are no streaks in the Kernel — there is direction.
Someone is clearly in acute crisis	Slow the meeting down. Address directly: 'Are you safe right now?' Connect to 988 or 911 if needed. Let the rest of the group hold space.	Keep running the protocol. Safety comes before content, always.
Conflict erupts between participants	Use the Conflict Guide. Slow the pace. One voice at a time. Name what's happening: 'There's friction here. Let's slow down.'	Take sides. Fix it by smoothing it over. Conflict that's held well builds trust.
Someone discloses trauma unexpectedly	Move to grounding immediately. Use Grounding Guide techniques. Close the content work. End with safety.	Continue the session as planned. The room's state has changed — respond to what's real.
Facilitator is having a hard session	Say it: 'I'm having a harder time holding the container tonight. Let's take a breath together.' Honesty from the facilitator gives the group permission to be honest.	Push through while clearly dysregulated. The group tracks the facilitator's nervous system.
A participant doesn't return	Reach out once — not repeatedly. 'We noticed you weren't there. You're welcome back whenever.' Then let it go. Chasing people violates the autonomy the Kernel is built on.	Pressure. Guilt. Group shaming. These replicate the dynamics that drove use in the first place.

SECTION 8 — After the First Year

The Kernel protocol arc is 12 months. That is the design. After 12 months, the biological foundation should be established, the neurochemical baseline should be approaching homeostasis, and the behavioral and environmental work should be well underway.

What happens to the group after Year 1 is up to the group. Some groups continue with advanced protocols from Volume VII of the Compendium. Some transition into peer support without formal meeting structure. Some disband because the work is done. All of these are appropriate outcomes.

Supplements: participants are not bound to take them forever. The protocol says take them until you feel 'better' — until the neurochemical baseline is restored. If significant stress or illness causes destabilization, they can return to their baseline stack to restore the system. This is not supplement dependency. It is maintenance of genetic terrain.

Your role as facilitator: if a participant has completed the 12-month arc and has done the work, the most honest thing you can say is 'you've done it. You're not bound to keep coming.' The goal was never to build a group that people couldn't leave.

SECTION 9 — Facilitator Self-Care

You cannot hold the container if you are the one who needs to be held. These are not optional:

· Run your own Kernel protocol. You do not get to skip the intake form because you're the facilitator.

· Have a debrief contact — someone who is not in your group that you can call after hard sessions.

· Take sessions off when you need to. Designate a co-facilitator early enough to use them.

· Track your own metrics. Facilitator burnout is a relapse risk, not a professional setback.

· Use the crisis resources yourself if you need them. 988. 911. Your prescriber. This work is demanding.